

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009682

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 363 Primary Registration District No. 6236 Registrar's No. 3

STATE FILE NUMBER

**FILED MAR 12 1962**

1. PLACE OF DEATH a. COUNTY <b>Warren</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Charrette Twp.</b>		c. CITY OR TOWN <b>Charrette Twp</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Length of stay in b. <b>47 years</b>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5 miles West Marthasville</b>		d. STREET ADDRESS (If outside, give location) <b>5 miles West Marthasville</b>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Annie</b> Middle <b>Mary</b> Last <b>Westhoff</b>			4. DATE OF DEATH Month <b>March</b> Day <b>4</b> Year <b>1962</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/25/1890</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and state or country) <b>Warren County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>

13a. FATHER'S NAME <b>Anton F. Sickmann</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Kruse</b>		14. NAME OF HUSBAND OR WIFE <b>Albert Westhoff</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>Anthony Westhoff, Marthasville, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerosis heart disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Hypertension</b> DUE TO (b) <b>5 yr</b> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>3 yr</b>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour <b>[REDACTED]</b> a.m. <b>[REDACTED]</b> p.m. <b>[REDACTED]</b>	Month, Day, Year <b>[REDACTED]</b>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Mar 8/57 to Mar 4/62</b>	COUNTY <b>Warren</b> STATE <b>Mo</b>
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21. I attended the deceased from <b>May 8/57</b> to <b>Mar 4/62</b> and last saw her alive on <b>March 4/62</b> Death occurred at <b>9 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>MD</b>	22b. ADDRESS <b>Marthasville Mo</b>	22c. DATE SIGNED <b>Mar 5/62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/7/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Ignatius Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Warren County, Mo</b>
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24. FUNERAL DIRECTOR <b>D. F. Lichtenberg, Marthasville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>March 6, 1962</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

VS 300  
Rev. 4/59

1090

2090

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9444X

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1290-0

132-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Almond F. H. [Signature]*

Licensed Embalmer No. 4318

P. O. Address Marthasville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.